

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101578844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1				
2	1					
3	1					
4	2					
5	22					
6	22					
7	1					
8	1					
9	1					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	1					
17	1					
18	1					
19	1					
20	2					
21	2					
22	1					
23	1					
24	1					
25	1					
26	1					
27	2					
28	2					
29	1					
30	5					
31	5					
32	5	5				
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TOTAL IND.	14		↓		↓	↓
TOTAL DEP.	43		←	←	←	←
TOTAL CLAIMS	57					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						